

Supplemental Application Data Sheet

Application Information

Application number::	10/779,360
Filing Date::	02/13/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1657
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	IN VITRO TEST TO DETECT RISK OF PREECLAMPSIA
Attorney Docket Number::	Y0087.70012US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	Yes
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Gil
Middle Name::	G.
Family Name::	Mor
City of Residence::	Cheshire
State or Province of Residence::	CT
Country of Residence::	US

Street of mailing address:: 817 Wallingford Road
City of mailing address:: Cheshire
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06410

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Donna
Family Name:: Neale
City of Residence:: New Haven
State or Province of Residence:: CT
Country of Residence:: US

Street of mailing address:: 358 Yale Avenue
City of mailing address:: New Haven
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06515

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Roberto
Family Name:: Romero
City of Residence:: Grosse Pointe
State or Province of Residence:: MI
Country of Residence:: US

Street of mailing address:: 21 Fisher Road
City of mailing address:: Grosse Pointe
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 48230

Correspondence Information

Correspondence Customer Number:: 23628

Representative Information

Representative Customer Number:: 23628

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/447140	02/13/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/516296	11/03/03

Foreign Priority Information**Assignee Information**

Assignee name:: Yale University
Street of mailing address:: Two Whitney Avenue
City of mailing address:: New Haven
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06511

Assignee name:: The Government of the US, as rep. by the
Secretary, Dept. of Health and Human Services
Street of mailing address:: 6011 Executive Boulevard, Suite 325
National Institutes of Health

City of mailing address:: Rockville
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20852